

DHHS Division of Contract Management
Summary of Changes for Contracts Starting in FY16
Updated April 8, 2015

This is a summary of changes and improvements that have been implemented for contracts starting in State Fiscal Year 2016.

Rider A – Scope of Work

- Enhanced the Rider-A Outline template by providing more descriptive information on what is required for information.
- Separated the Rider-A Outline into three versions: one for Cost Settled agreements, one for Fee-For-Service agreements, and the third for State Services. This is intended to make it easier for program staff to complete by identifying standard requirements for each type.
- Developed guidance around two acceptable ways to organize the Rider A. There is the standard organization, which is the layout in the Rider A Outline. There is also a variation that can be used when an agreement has multiple services.

Rider B - Payments and Other Provisions

- For Cost-Settled agreements, added language that allows the Department to adjust payments when expenses are underspent by 10% **or \$50,000, whichever is lower.**

Rider D – DHHS Specific Provisions

- For all agreement types (Client Services, State Services, and the State Psychiatric Hospitals), reordered sections to have similar clauses appear first.
- For all agreement types, modified language in Section 10 “Provider Responsibilities/Sub Agreements”, specifically “a. Sub-agreements”. The list of sections has been updated to accurately reflect the Department’s requirements on sub-contractors.
- For all agreement types, added a clause entitled “Change of Operations”, which requires the provider to report anticipated changes in the provider’s operations (such as mergers, acquisitions and closings) or the provider’s organization (such as major programming and structural changes).
- For Direct Client Service agreements, added a clause entitled “Termination or Change of Work Performance”, which provided additional direction around notification and responsibilities when “Change of Operations” occurs.
- For Direct Client Service agreements, added a clause entitled “Notification and Reporting “, which requires the provider to follow policies and procedures around Reportable Events and Critical Incidents. This replaced the section called “Reporting Suspected Abuse or Neglect”.

Other Improvements

- Included new standard procedure documents on the website. New documents include:
 - Quarterly Report Processing (Updated)
 - Receipt of Closeout Report
 - Protocol for Agreement/Provider Complaint
 - Protocol for Agreement/Provider Termination

- Standardized major details for \$0 MaineCare Seed agreements.
 - These agreements will be three years in length and end on December 31st. The population will be spread evenly so that start dates are alternating between three years.
 - The requirement for detail funding information has been dropped.

Reminders

The Department is still requiring certain documentation before an agreement will be encumbered.

- Business Associate Agreement signed
- Certificate of Liability Insurance
- Debarment Form

The Department is still requiring all invoices to be submitted within 45 days of the agreement end date.

No idea is stupid, No question is stupid, Respect is earned both ways.